

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

Best Available Copy

INDEX OF CLAIMS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ... Canceled
- ± ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date			
Final	Original			
1	4	05	11	05
2	15	22	04	16
3	02	03	03	04
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23	✓	✓	✓	✓
24	✓	✓	✓	✓
25	✓	✓	✓	✓
26	✓	✓	✓	✓
27	✓	✓	✓	✓
28	✓	✓	✓	✓
29	✓	✓	✓	✓
30	✓	✓	✓	✓
31	✓	✓	✓	✓
32	✓	✓	✓	0
33	✓	✓	✓	0
34	✓	✓	✓	0
35	✓	✓	✓	✓
36	✓	✓	✓	✓
37	✓	✓	✓	✓
38	✓	✓	✓	✓
39	✓	✓	✓	✓
40	✓	✓	✓	✓
41	✓	✓	✓	✓
42	✓	✓	✓	✓
43	✓	✓	✓	✓
44	✓	✓	✓	✓
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Claim	Date			
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Claim	Date			
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If more than 150 claims or 10 actions  
staple additional sheet here

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